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of Different Beverages, Distilled Liquors; Absinth; Common Fermented Beverages; Dipsomania; Preventive and Curative Remedies. Under each of these heads is gathered interesting information. Dr. Monin has little liking for what he regards as impracticable total abstinence. What he hopes to see, and what the French Society of Temperance endeavors to secure, is a hygienic use of pure beverages of the less alcoholic kinds. To this end the author would look to government for help in such preventive measures as the betterment of conditions which force the lower classes to drunkenness, the use of the taxing power in favor of the less harmful liquors, and especially the prevention of poisonous adulterations. The state, however, can do comparatively little; measures of social reform, temperance teaching in the schools, temperance societies, coffee-houses, etc., have an important place. For the cure of confirmed drinkers he favors inebriate asylums as in operation in this country. In the last section of this chapter he points out the general lines of medico-pharmaceutical treatment, and gives prescriptions that have been found advantageous.

Icrognerie, ses causes et son traitement. Dr. P. J. KOVALEVSKY. Translation into French by Woldemar de Holstein, M. D. Kharkoff, M. F. Sylberberg, 1889, pp. 113.

This little book, by the professor of nervous and mental diseases at the University of Kharkoff, is limited more strictly than the last to the statement of present views of inebriety as a disease. The subject is treated under the heads of Symptoms of Inebriety, Prodromal Period, Chronic Alcoholism, Dipsomania, Predisposing Causes of Inebriety (heredity, sex, age, religion, nationality, climate, disease, etc.), Provocative Causes (psychic and physical traumatism, disease, profession, climate, etc.), and Treatment. The author presents his views with admirable clearness, and seems to have succeeded in being popular without sacrifice of quality or form. He recognizes the necessity of a strong foundation in educated public opinion in dealing with the question practically, and, unlike Dr. Monin, would not be opposed to suppressing the sale of alcohol entirely except for medicine and the arts. Even as medicine he would have it used with caution. This difference comes apparently from his much greater familiarity with American and English studies of the subject. Inebriety in the individual is to be treated as a disease; the author has, however, little faith in the various specifics that have been recommended. The hereditarily disposed should have preventive treatment, moral and medical. Those in whom the disease is established should have the discipline of special hospitals (not jails nor insane asylums), where the necessary physical and moral rebuilding of the man can be carried out. As single items among others, manual training and work in the open air are recommended.

Experimentelle Untersuchungen zur Lehre vom chronischen Alcoholismus. F. STRASSMANN. Eulenberg's Vierteljahrss. f. gerichtl. Medicin u. s. w. Abstract by Joseph in Centralblatt f. Physiol. No. 24, 1889.

Twelve dogs were treated by the author to determine the difference in the effects of the chronic alcoholism produced by pure alcohol and by that adulterated with higher members of the series. Practically the only constant results due solely to the alcoholization were

chronic catarrh of the stomach and fatty degeneration of the liver. The addition to the spirit of 3 per cent of amyl alcohol increased the disturbances and caused death in less than half the ordinary time; and 1 per cent aggravated single symptoms, not however sufficiently to hasten death.

The Etiology of Dipsomania and Heredity of "Alcoholic Inebriety."

LEWIS D. MASON, M. D. Quarterly Journal of Inebriety, Oct., 1888.

Dr. Mason gives the testimony of a large number of physicians, including noted specialists, as to the neuro-psychic degenerations in the offspring of alcoholic parents, and has added tables of 600 cases treated at the Inebriates' Home, Fort Hamilton, N. Y. Of the 600 cases, 265 showed inebriate ancestry, distributed as follows:

Fathers.....	168	Brothers.....	16
Mothers.....	9	Grandfathers.....	12
Fathers and other		Grand-parents.....	2
relatives.....	32	Other relatives.....	26

Thirty-eight showed insane ancestry. In 501 of the 600 the tendency to inebriety appeared between the ages of 15 and 35, in 294 between 15 and 25. Dipsomania is perhaps individually acquired and may result from traumatism, but is generally inherited; there is therefore justification for the term "inebriate diathesis."

In the same number of the *Journal of Inebriety*, Dr. T. L. Wright gives testimony from the English alienists on the same question, and in a third article is gathered a portion of the replies to a question sent out to physicians by the same journal as to the liability of the descendants of inebriates to inebriety, insanity, phthisis, etc.

Inebriate Asylums and their Work. T. D. CROTHERS, M. D.

This pamphlet is part of a lecture before the Y. M. C. A. at Toronto, by one of the foremost representatives of the disease theory of inebriety. The author sketches briefly the history of that theory, the history and present conditions of asylum work, the classes of patients that come and the plan of treatment. In conclusion he mentions some general principles of management, and points to the future before such institutions.

The Question of Responsibility in Inebriety. T. D. CROTHERS, M. D.

Alienist and Neurologist, January, 1889.

Four lines of examination will throw light on the question: (1) as to the periodicity of the drinking spells; (2) the immediate connection of alcohol with the crime, its lack of motive, the manner of its execution; (3) the cause of the inebriety—traumatism, etc.; and (4) heredity. When the indications from these concur, insanity and irresponsibility are tolerably certain. The real test is not knowledge of right and wrong, but power of control, which is often to be determined only by careful study of the case. Inebriety is itself a sign of lack of control. In general, all inebriate criminals are of unsound mind. The limits of responsibility cannot be drawn in such a hazy border-land of insanity, and the burden of proof should rest on those that hold the inebriate to be sane.